

# ***PHILIP SAYER***

## **Memorial Scholarship For Volunteer Fire Fighters & Volunteer Fire Officers**



**Fire Education Commission**

Submit: Completed application and any supporting materials to the  
Division of Fire Safety by May 14, 2010

# Philip Sayer

## *Memorial Scholarship for Volunteer Fire Fighters & Volunteer Fire Officers*

**BACKGROUND:** Philip Sayer, founder of the Galt Fire Department, later to be renamed the Galt Fire Protection District, dedicated his time and resources for the improvement of funding and training for volunteer fire departments nationwide. During his fire service career, he was the FFAM and Missouri's representative to the National Volunteer Fire Council. He also served as a member of the Executive Board of the NVFC. While on the NVFC board, he sat on numerous committees that shaped the standards that are used to evaluate fire department and officer requirements. He was instrumental in the Fire ACT grants and keeping them funded when efforts arose to cut them. He also served as FFAM's Legislative Committee Chairman and in 1995 was credited with helping to pass a state law which created the Fire Education Commission. Phil chaired the Commission until he passed away on December 14, 2007.

**THE SCHOLARSHIP:** This Scholarship provides volunteer fire fighters and volunteer fire officers the opportunity to further their skills and education to attend Fire School in Jefferson City, June 9-13, 2010.

The Fire Education Commission has earmarked a total of \$1500 for scholarships to be awarded, with emphasis on basic fire fighter training. Each awarded scholarship will provide for up to 16 hours of course tuition.

In addition, the University of Missouri's Fire and Rescue Training Institute is offering lodging to scholarship recipients residing beyond a 50 mile radius of Jefferson City.

**DEADLINE:** The completed scholarship application, fire school application, and any supporting material must be received no later than May 14, 2010

Applications may be sent to:

[Sherry.Hoelscher@dfs.dps.mo.gov](mailto:Sherry.Hoelscher@dfs.dps.mo.gov)  
Subject: Phil Sayer Scholarship  
Or faxed to: (573)751-1744

Or mailed to:  
Sherry Hoelscher  
c/o Missouri Division of Fire Safety  
PO Box 844  
Jefferson City, MO 65102.

**SELECTION PROCESS:** The selection will be conducted by members of the Fire Education Committee and the recipient will be notified no later than May 24th.



**Department of Public Safety  
Division of Fire Safety  
Fire Education Commission**

PO Box 844, Jefferson City, MO  
65102

(573) 526-1007 FAX (573) 751-5710

**Scholarship Application**



Please Print or Type

**Personal Information:**

| Last Name                 | Suffix        | First Name | M.I.     |
|---------------------------|---------------|------------|----------|
|                           |               |            |          |
| Home Address of Applicant | City          | State      | Zip Code |
|                           |               |            |          |
| Phone #                   | Email Address |            |          |
|                           |               |            |          |

**Current Fire Department Information:**

| Current Rank  | Department Name                     | Yrs of Service  |
|---|-------------------------------------|---|
|   |                                     |   |
| Department Size   | Department's Annual Training Budget |   |
|   |                                     |   |
| Have you previously attended Summer Fire School                                       |                                     | Have you previously attended Winter Fire School                                       |
| <input type="checkbox"/> Yes (# of Times Attended _____ ) <input type="checkbox"/> No |                                     | <input type="checkbox"/> Yes (# of Times Attended _____ ) <input type="checkbox"/> No |

**Please supply the following information:**

**Classes Requesting:** (Check [www.mufrti.org](http://www.mufrti.org) for schedule of classes)

Name of Class: \_\_\_\_\_ Hours of Class: \_\_\_\_\_

**Please attach a copy of your completed Fire School registration form listing class selection in order of preference.**

**Please describe how the class(es) will benefit you and your role with your fire department:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by applicant's Fire Chief**

I certify that the above applicant meets the physical requirements set down by the \_\_\_\_\_  
to perform the duties of fire fighter. (Authority Having Jurisdiction)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Division of Fire Safety Use Only**

| Received | Date | Initials | Awarded | Yes | No | Date | Initials |
|----------|------|----------|---------|-----|----|------|----------|
|          |      |          |         |     |    |      |          |

Notes